

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/980,780		FILING DATE	
CLAIMS								* IND. DEP.		* IND. DEP.	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.	1										
TOTAL DEP.	5	↔	↔	↔							
TOTAL CLAIMS	6										
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								TOTAL DEP.		↓	
								TOTAL CLAIMS		↓	